MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/549854**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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TOTAL IND.	⬇		⬇		⬇	
TOTAL DEP.	⬅		⬅		⬅	
TOTAL CLAIMS		▨		▨		▨

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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100						
TOTAL IND.	⬇		⬇		⬇	
TOTAL DEP.	⬅	51	⬅		⬅	
TOTAL CLAIMS		▨	52	▨		▨

PTO - 1360 (REV. 11/04)

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